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Patient Care News: October 2009

St. Cloud Hospital

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PATIENT CARE NEWS

St. Cloud Hospital, 1406 6th Avenue, St. Cloud, MN 56303 *www.centracare.com* *320-251-2700*

Palliative Care Consultation Notification

Roberta Basol RN, MA, NE-BC
Director; Intensive/Surgical Care and Clinical Practice

When a Palliative Care consult has been requested, please contact the hospital operator in addition to placing the order in Epic so the Palliative Care team is notified of the consult. Recently several consults have been nearly missed, eventually caught at the last minute, and results in difficulty with time management with the PC team.

Do not send consults to any ones in-basket in Epic. It is important that the time of the family consultation is made when the team can be there. Do not make family appointments without confirming the team is able to attend. Please make sure the operator is notified at any time of day or night. Thank you.

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Physical Findings CEG

Roberta Basol RN, MA, NE-BC
Director; Intensive/Surgical Care and Clinical Practice

What's a CEG? A CEG is a Clinical Expert Group formed based on a recommendation to make an Epic change or enhancement. The CEG is approved for formation by the CHIP group (yes – CHIPs and CEGs). CHIP is the Clinical Hospital Information Planning Committee. They make decisions related to Epic changes and prioritize which projects should be done next. The physical findings CEG is an approved project. Their goal is to optimize the content of the physical findings flowsheet. A group of your colleagues are actively working to improve the flowsheet by determining the essential needs of documentation and reduce documentation waste. Over the next few months we hope you will see improvements which will save you time and give more meaning to your documentation.

CEG Members:

- Dona Anderson, Dietitian ad hoc
- Roberta Basol RN, Director, IC/SC and Clinical Practice
- Michal Beiningen RN, Epic
- Julie Bunkowski RN, Children's Center/NICU
- Paulette Como RN, Endo
- Brenda Eveslage RN, Rad Onc
- Anna Fromelt RN, Ortho/Neuro
- Katie Gefre RN, CSC
- Beth Hauser RN, PCSFP
- Amy Hilleren-Listerud RN, CNS, Surgical Care Unit
- Kelley Knickerbocker RN, CSC
- Dawn Michaud RN, Tele
- Christy Nathe RN, Tele
- Lori Potter RN, CCU
- May Schomer RN, Rehab
- Doreen Schultz RN, Epic
- Sherri Spanier RN, FBC
- Sherri Sykora RN, CPRU
- Sandy Thornton RN, MHU
- Amandah Wilhelm RN, Med/Onc

Adverse Health Events Update (September 2009)

By Beth Honkomp
Director, Quality and Patient Safety

Many of you are familiar with Minnesota's Adverse Health Events reporting law that went into effect in 2003. Hospitals and outpatient surgical centers must report to the state anytime one of 28 adverse events occurs. Each year, the Minnesota Department of Health publishes a complete listing of all events that occurred during the past year. The most recent report was published in January 2009. That report covered the period Oct. 7, 2007, through Oct. 6, 2008.

In an effort to keep St. Cloud Hospital employees and physicians more informed about the events we report, and more importantly, what we have learned from them, the SCH Patient Safety Committee has recommended that we internally publish a quarterly update. This is the first update. Our goal is to shed light on all adverse events and patient safety issues within the hospital and to create the environment where people feel safe to report

We have reported 12 events to the state from Oct. 7, 2008 through July 31, 2009. The events can be categorized into four groups:

1. Care management- pressure ulcers (4);
2. Environmental – falls with injury (4);
3. Surgical – wrong body part (2);
4. Surgical – foreign object retention (2).

As a result of all of these events, root cause analyses or "RCAs" have been conducted with the areas and personnel involved. A root cause analysis is a structured process that helps us look at everything that may have contributed to the event, including human factors such as communication, training, scheduling, fatigue, and staffing. We look at our rules, policies, procedures, the environment and equipment, and other barriers, such as distractions. When we have identified a root cause or causes, we take action to try to prevent the event from occurring again. We change processes. For example, one of the retained foreign objects events prompted us to implement a new policy for packing vacuum assisted closure (VAC) wounds and a new method for verifying sponge counts after completing a procedure. One of the pressure-related events resulted in a change in a product used with tracheostomies; another led to additional training when using an oral airway attachment device.

Some of our falls actually were not preventable; however, a couple of them were. One of the preventable falls led to a change in the assistance given to our patients when they are out of bed for the first time after a procedure. Many, if not all, of our units are conducting hourly rounds to check on our patients' needs.

Our work on patient safety is a journey. We will get better as we understand why events occur and what we can change to prevent them from happening again.

The Patient Safety Committee wants to commend all of you for your diligence in doing your very best to keep our patients safe.

Exploratory Study: Pain Assessment and Management in Patients After Abdominal Surgery from PACU to Postoperative Unit

Summary by Dick Beastrom, MN, RN, CNS
Perianesthesia Department

Wilding, J.R.; Manias, E.; McCoy, D.G.L. (2009). Pain Assessment and Management in Patients after Abdominal Surgery from PACU to the Postoperative Unit. ASPAN, 24(4), P. 233-240.

This was an exploratory study whose **PURPOSE** was to determine whether there was an association between patient's specific numeric PACU discharge pain scores and the duration of time until the next analgesic dose was required in the postoperative unit after abdominal surgery. These researchers identified seven different studies that documented the quality of pain management in either leaving the PACU or arriving on the postoperative unit; but studies that investigate the continuity of pain management between the two environments are virtually unknown. I felt it would be valuable to my practice as well as that of the surgical nurses who care for my patients after PACU to identify the PACU discharge pain score that maintained patient comfort on transfer to the postoperative unit for an optimum period of time.

The **SETTING** was in a large, regional, tertiary hospital in the state of Victoria, Australia. Their numbers match well with the CentraCare facilities in the greater St. Cloud area:

Number of Beds	
Acute	386
Transitional/Interim Care	34
Aged Residential Care	321
Complex Care-Aged and Mental Health	90
Mental Health Acute	24
Mental Health Rehab and Secure Extended Care	21
Sub-Acute	100

The **METHOD** was a descriptive design study where a modified Pain and Anxiety Audit Tool (PAAT – Manias) was selected after undergoing content validity scoring, interrater reliability assessment, and pilot testing prior to its selection. A thorough **LITERATURE REVIEW** was performed and appropriate **VARIABLES** identified: demographic data; medication data including dose, route, and the times of preoperative, intraoperative, and postoperative administration; PACU discharge time and pain score; and whether the patient was discharged on a bed or a cart. Inclusion criteria were: age greater than eighteen years old; scheduled for either elective hernia or laparoscopic cholecystectomy; and could understand spoken English. Exclusion criteria included patients who were transferred to the Intensive Care Unit; those receiving spinal or epidural anesthesia/pain control; and any patients discharged home on the same day of surgery. The Pearson product-moment correlation coefficient was used to explore the relationship between time from discharge from the PACU until analgesic was administered in the postoperative unit and pain scores on discharge from the PACU. Regression analysis was used to quantify the relationship between pain score on discharge from the PACU and the time until analgesia was administered in the postoperative unit.

The **FINDINGS** showed a correlation between lower pain scores on discharge from PACU and longer times until analgesic was administered in the postoperative unit. For example, a PACU discharge pain score of zero correlated with approximately 5.5 hours before analgesics were administered on the postoperative unit. With each increase of one (on a pain scale of 0/10) there was a corresponding decrease of 41.5 minutes before analgesics were given on the postoperative unit.

The **LIMITATIONS** of this study are that the results apply to a population of patients having had laparoscopic cholecystectomy and hernia repair. The variation of time between discharge from PACU and when the postoperative unit pain assessment was done was not carefully controlled and may have skewed the results. Pain perception is affected by gender, age, ethnicity, and culture but these variables were not controlled in this study. The sample size was relatively small to make generalizations about the population so more subjects could have been studied.

The **STRENGTHS** include examination of a phase of pain management (handoff from PACU to the postoperative unit) that is woefully void in the literature. Any research that can help establish a foundation of knowledge in an area of pain management that improves patient outcomes is extremely valuable. The other element of strength for our purpose of improving practice at the St. Cloud Hospital is that this Australian setting is remarkably similar to our CentraCare environment.

I enjoyed reading this study and can see great potential for replication in our own practice setting.

Notary Service for Patients' Health Care Directives

Karen Kleinschmidt, Educator, Patient Care Support

When assisting patients in the completion of their Health Care Directive form, please utilize the notaries that St. Cloud Hospital has available. The Administrative Nursing Supervisors are all notaries and are available 24 hours a day, 7 days a week. They can be reached on Spectralink number 59413.

Other notaries are also available in the Medical Information Department at Ext. 55624 and the Hospital Business Office at Ext. 54913, Monday – Friday, 8:00 a.m. – 4:30 p.m.

If there is an emergent need, and a notary is unavailable, you can utilize the two witness option. However, the physician or primary caregiver, or anyone who would inherit from the estate of the person executing the form, may **NOT** sign as a witness. Perhaps a HUC, PCA, or Unit Support from another group would be good choices to use for a witness.

Upcoming Developmental Programs: Educational and Professional

Listed below are upcoming programs offered through the Education and Professional Development Department . Please call extension 55642 to register or for further information.

November 2009

3/4 ENPC (Emergency Nursing Pediatric Course), 8:00 am-5:30 pm, St. Cloud Hospital

10/11 Writing for Professional Publication & Advanced Writing for Professional Publication, 8:30 am-3:30 pm, St. Joseph's Medical Center, Brainerd

12/13 Writing for Professional Publication & Advanced Writing for Professional Publication, 8:30 am-3:30 pm, Windfeldt Room, CentraCare Health Plaza

19/20 Basic Electrocardiography, 8:00 am-4:00 pm, Heart Center Conference Room

December 2009

1/2 The Oncology Nursing Society Chemotherapy & Biotherapy Course, 8:00 am-4:30 pm, Hughes/Mathews Room, CentraCare Health Plaza

17/18 Basic Electrocardiography, 8:00 am-4:00 pm, Heart Center Conference Room

Clinical Ladder

Congratulations to the following individuals for achieving and/or maintaining their Level IV and III Clinical Ladder status!

LEVEL IVs:

Jenelle Brekken, RN Ortho/Neuro
- Presenter to New Staff on Clinical Ladder Process
- EPIC Device Integration Process Training
- Central Minnesota Hospital Response Team
- Taught "Osteoporosis and You" Class to Public
- ONC Certification

Jason Foos, RN ETC
- Code Blue Orientation for New Department Staff
- Preceptor
- EPIC Super User
- Trauma Resource Nurse
- CEN Certification

LEVEL IIIs:

Rhonda Fitzthum, RN ICU
- Delirium, Pain, Anxiety Protocol
- Precepted Nursing and Paramedic Students
- Assisted with Development of Delirium Booklet
- Assisted with Neuro Station at Critical Care Education Day

Paul Gross, RN ETC
- Trauma Resource Nurse
- Preceptor
- Facilitated Medical Station at ETC Education Day
- ENA Certification

Nikki Lieser, RN Children's Center/NICU
- Participated in Kid Expo, March of Dimes Walk
- Preceptor
- Clinical Practice Council
- Camp We-No-Wheeze

LEVEL IIIs continued:

Jodi Lillemoen, RN Med 2
- Assisted with Housewide Nursing Standards of Practice/Policy
- Medical Volunteer for Marathon
- Med/Surg Certification
- Chair of Practice Council

Catherine Neuman, RN Med 2/MPCU
- MPCU Binder on TEE's, Cardioversion and Brochoscopys
- PI Committee Member
- MPCU Ed Day Planning Committee Member
- Preceptor Nurse Intern

Ann Ohmann, RN Oncology
- Poster on Pain Assessment and Reassessment
- Participated in Relay for Life
- Coordinate Daffodil Days in Albany
- Mucositis PI Audits
- Med/Surg Certification, OCN

Kim Schuster, RN Pt. Care Support
- Assisted LPN's with advanced IV Skills Education
- Code Blue ART Class MPCU Training Days
- Updated Diabetic Foot Care for Patients
- Med/Surg Certification